

SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
1. JURGEN KRISCH	<i>Jürgen Krisch</i>	Street: 4172 LOOKOUT TRAIL City: McFARLAND Zip: 53558	<input checked="" type="checkbox"/> Town DUNN <input type="checkbox"/> Village <input type="checkbox"/> City	11/15/2011 (Month) (Day) (Year)
2. Lori D. Shackett	<i>Lori D. Shackett</i>	Street: 6105 Brunet Island City: McFarland WI Zip: 53558	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village McFarland <input type="checkbox"/> City	11/15/2011 (Month) (Day) (Year)
3. Kimberlee Hanko	<i>Kimberlee Hanko</i>	Street: 6114 Indian Mound Dr City: McFarland Zip: 53558	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village McFarland <input type="checkbox"/> City	11/15/2011 (Month) (Day) (Year)
4. Joshua Dodge	<i>Joshua Dodge</i>	Street: 6403 Crestwood Cir City: McFarland WI Zip: 53558	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village McFarland <input type="checkbox"/> City	11/15/2011 (Month) (Day) (Year)
5. Anne R. Angel-Nichols	<i>Anne R. Angel-Nichols</i>	Street: 5414 Lani Lane City: McFarland Zip: 53558	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village McFarland <input type="checkbox"/> City	11/15/2011 (Month) (Day) (Year)
6. David Zemlioka	<i>David Zemlioka</i>	Street: 6202 Johnson St. City: McFarland Zip: 53558	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village McFarland <input type="checkbox"/> City	11/15/2011 (Month) (Day) (Year)
7. Debra BERGEN	<i>Debra Bergen</i>	Street: 5806 Glenway St City: McFarland Zip: 53558	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village of McFarland <input type="checkbox"/> City	11/15/2011 (Month) (Day) (Year)
8. Haley Einerson	<i>Haley Einerson</i>	Street: 403 W. Strand St. #105 City: Randolph WI Zip: 53954	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village Randolph <input type="checkbox"/> City	11/15/2011 (Month) (Day) (Year)
9.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
10.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)

Certification of Circulator

I, Joanne H. Ruzicka, (certify): I reside at 3352 Brugger Pl Bloomington Grove
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 15 / 2011
(Month) (Day) (Year)

Joanne H. Ruzicka
(Signature of Circulator)

Page No. (Official Use Only)
1701

Re
Co
PO
Ma

CO

Email

Phone (608)

Email

Phone

Email

Phone

Email

Phone

Email

Phone (608)

Email

Phone

Email

Phone

Email

Phone (920)

Email

Phone

Email

Phone

Circulators

Phone

Email

Bar

SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
1. Emily Kruchten	<i>Emily Kruchten</i>	Street: 203 Donkel Ct. City: Cottage Grove Zip: 53527	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village Cottage Grove <input type="checkbox"/> City	11/15/2011 (Month) (Day) (Year)
2. DAVID COX	<i>David W. Cox</i>	Street: 1825 HELENA ST City: MADISON Zip: 53704	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MADISON	11/15/2011 (Month) (Day) (Year)
3. AMY WENZEL	<i>Amy Wenzel</i>	Street: 1710 RUTLEDGE ST. City: MADISON Zip: 53704	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MADISON	11/15/2011 (Month) (Day) (Year)
4. Pamela Metzger	<i>Pamela Metzger</i>	Street: 4456 Gray Road City: DeForest, WI Zip: 53532	<input checked="" type="checkbox"/> Town WINDSOR <input type="checkbox"/> Village <input checked="" type="checkbox"/> City	11/15/2011 (Month) (Day) (Year)
5. Laurel Gildersleeve	<i>Laurel Gildersleeve</i>	Street: 215 JACKSON ST. City: Madison Zip: 53104	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MADISON	11/15/2011 (Month) (Day) (Year)
6. Catherine Eagle	<i>Catherine Eagle</i>	Street: 2318 Center Ave City: Madison WI Zip: 53704	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MADISON	11/15/2011 (Month) (Day) (Year)
7. Ellen Damschen	<i>Ellen Damschen</i>	Street: 1838 Jenifer St. City: Madison, WI Zip: 53704	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
8. John Orrock	<i>John Orrock</i>	Street: 1838 Jenifer St. City: Madison WI Zip: 53704	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
9. CARLYN BRUESS	<i>Carlyn Bruess</i>	Street: 1029 SPAIGHT ST #D1 City: MADISON Zip: 53703	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MADISON	11/15/2011 (Month) (Day) (Year)
10. Samantha Jachim	<i>Samantha Jachim</i>	Street: 2034 RUSK ST, #2 City: Madison, WI Zip: 53704	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)

Certification of Circulator

I, ANDREW ARKEN, (certify): I reside at 421 WALTON PL. MADISON
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 16 / 2011
(Month) (Day) (Year)

(Signature of Circulator)

Page No. (Official Use Only)

1702

Circulators, P

Phone

Email

SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
1. ANDREW KLAY	[Signature]	Street: 2025 Jenifer St Apt 1 City: Madison Zip: 53704	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
2. Jackie Brown	[Signature]	Street: 1817 Jenifer St City: madison Zip: 53704	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
3. Anne V. Gassere	[Signature]	Street: 1948 E Mifflin St. City: Madison Zip: 53704	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
4. MARJORIE Smith	[Signature]	Street: 606 S Thornton Ave City: Madison WI Zip: 53703	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
5. Marty Ollie	[Signature]	Street: 606 S. Thornton Ave City: Madison Zip: 53703	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
6. TERESA Sprechen	[Signature]	Street: 405 Russell St City: MADISON Zip: 53704	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MADISON	11/15/2011 (Month) (Day) (Year)
7. Carline Shaperd	[Signature]	Street: 2722 Willard Ave City: Madison Zip: 53704	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
8. MEG WATSON	[Signature]	Street: 3502 DENNETT DR #205 City: MADISON WI Zip: 53714	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MADISON	11/15/2011 (Month) (Day) (Year)
9. CAROL Purington	[Signature]	Street: 1912 Atwood Ave #108 City: Madison WI Zip: 53704	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
10. David Supple	[Signature]	Street: 1857 Jenifer St. City: Madison Zip: 53704	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)

Certification of Circulator

I, ANDREW ASKEW

(Name of Circulator)

, (certify): I reside at 421 WALTON PL.

(Circulator's Residence - Street name and Number)

MADISON

(Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 16 / 2011
(Month) (Day) (Year)

(Signature of Circulator)

Page No. (Official Use Only)

1703

Circulators, p

Phone

Email

SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
1. ERIK ENTERS		Street: 1326 O'NEILL AVE. City: MADISON Zip: 53704	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MADISON	11/15/2011 (Month) (Day) (Year)
2. Zack Wyatt		Street: 1141 JENIFER ST City: MADISON Zip: 53703	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MADISON	11/15/2011 (Month) (Day) (Year)
3. Jennifer Quisler		Street: 1326 Oneill Ave City: Madison WI Zip: 53704	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
4. Cheryl Robinson		Street: 1821 Jennifer St City: Madison Zip: 53704	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MADISON	11/15/2011 (Month) (Day) (Year)
5. Joel Wolfgang		Street: 2142 Lakeland Ave City: Madison Zip: WI	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MADISON	11/15/2011 (Month) (Day) (Year)
6. Diana Ellerkamp		Street: 1853 Jenifer St. City: Madison Zip: 53704	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
7. Daniel Ellerkamp		Street: 1853 Jenifer St City: Madison Zip: 53704	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
8. Teresa A Ryan		Street: 2142 Lakeland Ave City: Madison Zip: 53704	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
9. Sarah Elmore		Street: 205 Potter St. City: madison Zip: 53715	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City madison	11/15/2011 (Month) (Day) (Year)
10. Lora R. Evans		Street: 3156 Thopp St City: madison WI Zip: 53714	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)

Certification of Circulator

I, ANDREW ASKEW, (certify): I reside at 421 WALTON PL. MADISON
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 16 / 2011
(Month) (Day) (Year)

(Signature of Circulator)

Page No. (Official Use Only)

1704

Circulators, please

Phone

Email

SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
1. Daniel Murach		Street: 1833 Janitor St City: Madison Zip: 53704	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
2. Stacy Schultz		Street: 206 New Castle Way City: Madison Zip: 53704	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Maple Bluff	11/15/2011 (Month) (Day) (Year)
3. STEVE OLSON		Street: 206 NEW CASTLE WAY City: MADISON Zip: 53704	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MAPLE BLUFF	11/15/2011 (Month) (Day) (Year)
4. Anne Herntzelman		Street: 1825 Helena St. City: Madison Zip: 53704	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
5. Peggy Ann Smelser		Street: 610 Clemons Av City: Madison WI Zip: 53704	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
6. JOOY McCANN		Street: 610 CLEMONS City: MADISON Zip: 53704	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MADISON	11/15/2011 (Month) (Day) (Year)
7. William Davis Carlos Cox		Street: 1825 Helena St. City: Madison Zip: 53704	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
8. JASON KEMPEN		Street: 1380 Lansing St City: Madison WI Zip: 53704	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
9. Myron Kebus		Street: 2318 Center Ave City: Madison Zip: 53704	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
10. Justin Olson		Street: 503 SIMONSON City: Deerfield Zip: 53531	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Deerfield	11/15/2011 (Month) (Day) (Year)

Certification of Circulator

I, ANDREW ASKEW, (certify): I reside at 421 WALTON PL MADISON
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 16 / 2011
(Month) (Day) (Year)

(Signature of Circulator)

Page No. (Official Use Only)

#1705

Ret
Cor
PO
Mad

CON

Email dmurach
Phone (608)
Email Schultz
Phone (608)
Email J Olson
Phone (608)
Email Anne Herntzelman
Phone (608)
Email Peggy Ann Smelser
Phone (608)
Email JOOY McCANN
Phone ()
Email William Davis Carlos Cox
Phone (608)
Email JASON KEMPEN
Phone ()
Email Myron Kebus
Phone (608)
Email Justin Olson
Phone (608)

Circulators, please

Phone

Email

Ba

Re
Co
PO
Ma

CO

Email
Phone ()
Email scanap
Phone ()
Email
Phone ()
Email
Phone ()
Email
Phone ()
Email abhan
Phone (408)
Email sarahl
Phone (608)
Email
Phone ()
Email
Phone ()
Email
Phone ()

Phone
Email

11 / 16 / 2011
(Month) (Day) (Year)

(Signature of Circulator)

Page No. (Official Use Only)

1706



SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
1. J. WAYNE HYLER	<i>J. Wayne Hyler</i>	Street: 708 BROOK ST. City: DEFOREST, WI Zip: 53532	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village DEFOREST <input type="checkbox"/> City	11/15/2011 (Month) (Day) (Year)
2. MIRANDA RITCHER	<i>Miranda Ritcher</i>	Street: 1602 Kings Mill way APT 206 City: MADISON Zip: 53718	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
3. BRANDON BOBECK	<i>Brandon Bobeck</i>	Street: 1602 Kings Mill way APT 206 City: MADISON Zip: 53718	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MADISON	11/15/2011 (Month) (Day) (Year)
4. Pamela Adams	<i>Pamela Adams</i>	Street: 415 Walton PL City: Madison WI Zip: 53704	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
5. Constance Ophime	<i>Constance Ophime</i>	Street: 156 W Kohler ST City: Sun Prairie WI Zip: 53590	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Sun Prairie	11/15/2011 (Month) (Day) (Year)
6. Reginald Robinson	<i>Reginald Robinson</i>	Street: 1029 Spaight #D-1 City: Madison WI Zip: 53703	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
7. Jesse W Wiedmeyer	<i>Jesse W Wiedmeyer</i>	Street: 2034 Ruske St #2 City: Madison WI Zip: 53704	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City madison	11/15/2011 (Month) (Day) (Year)
8. CHANDRA MILLER TIENEN	<i>Chandra Miller Tienen</i>	Street: 510 CLEMONS AVE. City: MADISON Zip: 53704	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MADISON	11/15/2011 (Month) (Day) (Year)
9. AARON JONES BALANTH	<i>Aaron Jones Balanth</i>	Street: 1401 Williamson ST City: Madison Zip: 53703	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MADISON	11/15/2011 (Month) (Day) (Year)
10. Kate E. Rice	<i>Kate E. Rice</i>	Street: 505 WALKER PLACE City: Madison Zip: 53704	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)

Certification of Circulator

I, ANDREW ASKEW, (Name of Circulator)

(certify): I reside at

421 WALTON PL.

(Circulator's Residence - Street name and Number)

MADISON

(Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 16 / 2011
(Month) (Day) (Year)

Andrew Askew
(Signature of Circulator)

Page No. (Official Use Only)

1707

Circulators

Phone

Email

SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
1. Aida Hussen	<i>Aida Hussen</i>	Street: 1823 Jenifer St. City: Madison Zip: 53704	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
2. DAVID MARSON	<i>David L. Marson</i>	Street: 4518 ELGAR LANE City: MADISON Zip: 53704	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
3. Naomi Smith	<i>Naomi on Smith</i>	Street: 515 Dunning St City: Madison Zip: 53704	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
4. ERIK INFELD	<i>Erik T. Infeld</i>	Street: 1714 JENIFER ST City: MADISON Zip: 53704	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MADISON	11/15/2011 (Month) (Day) (Year)
5. Laura Harris	<i>Laura Harris</i>	Street: 506 Walton Pl City: Madison, WI Zip: 53704	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
6. Leigh Vierstra	<i>Leigh Vierstra</i>	Street: 614 S. Brearley St City: Madison Zip: 53703	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
7. Rebecca Held	<i>Rebecca Held</i>	Street: 1846 Jenifer St. City: Madison Zip: 53704	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
8. Pat Wathen	<i>Pat Wathen</i>	Street: 538 Evergreen Ave City: Madison Zip: 53704	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
9. John May	<i>John A. May</i>	Street: 103 Teelmadge St. City: MADISON Zip: 53704	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MADISON	11/15/2011 (Month) (Day) (Year)
10. Emily Sonnemann	<i>Emily Sonnemann</i>	Street: 225 Merry St. City: Madison, WI Zip: 53704	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MADISON	11/15/2011 (Month) (Day) (Year)

Certification of Circulator

I, ANDREW ASKEW, (certify): I reside at 421 WALTON PL. MADISON
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 16 / 2011
(Month) (Day) (Year)

(Signature of Circulator)

Page No. (Official Use Only)

1708

Circulators

Phone

Email

SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
1. Sarajane Lien	<i>SJ Lien</i>	Street: 1310 Ruskin St. #1 City: Madison Zip: 53704	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
2. Bonnie Saari	<i>Bonnie Saari</i>	Street: 2134 Oakridge Ave City: Madison, WI Zip: 53704	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
3. Michelle Lawler	<i>M. Lawler</i>	Street: 1833 Jennifer City: Madison Zip: 53704	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
4. Laura Van Toi	<i>LAVATOI</i>	Street: 2221 Rusk St City: madison 53704 Zip: 53704	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City madison	11/15/2011 (Month) (Day) (Year)
5. Carole E. Pomije	<i>Carole E. Pomije</i>	Street: 34 BRADFORD LA. City: MADISON, WI Zip: 53714	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MADISON	11/15/2011 (Month) (Day) (Year)
6. MICHAEL NOWAKOWSKI	<i>Michael Nowakowski</i>	Street: 606 WALTON PL. City: MADISON, WI Zip: 53704	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MADISON	11/15/2011 (Month) (Day) (Year)
7. Charlene ENTWISTLE	<i>Charlene A Entwistle</i>	Street: 2709 Center Ave City: MADISON, WI Zip: 53704	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MADISON	11/15/2011 (Month) (Day) (Year)
8. Tiffany Huard	<i>Tiffany</i>	Street: 422 Russell St. City: Madison Zip: 53704	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
9. Ken Swift	<i>Ken Swift</i>	Street: 1238 Rutledge St. City: Madison Zip: 53703	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
10. Carol Martell	<i>Carol Martell</i>	Street: 2147 Oakridge Ave City: Madison, WI Zip: 53704	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)

Certification of Circulator

I, ANDREW ASKAN
(Name of Circulator)

(certify): I reside at

421 WALTON PL.

(Circulator's Residence - Street name and Number)

MADISON

(Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 16 / 2011
(Month) (Day) (Year)

Andrew Askan

(Signature of Circulator)

Page No. (Official Use Only)

1709

Ret
Con
PO
Ma

CON

Email
Phone

Email
Phone

Email
Phone

Email
Phone

Email
Phone

Email
Phone

Email
Phone

Email
Phone

Email
Phone

Email
Phone

Circulators, p

Phone

Email

SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
1. Jennifer Blasen	Jennifer Blasen	Street: 1718 Jenifer St. City: Madison Zip: 53704	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11 / 15 / 20 11 (Month) (Day) (Year)
2. Lori Powell	Lori Powell	Street: 4114 Hegg Ave City: Madison Zip: 53716	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11 / 15 / 20 11 (Month) (Day) (Year)
3. Cara Faris	Cara Faris	Street: 413 Clemens Ave City: Madison Zip: 53704	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11 / 15 / 20 11 (Month) (Day) (Year)
4. ROBIN CARLSON	Robin Carlson	Street: 1702 RUTLEDGE ST City: MADISON Zip: 53704	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11 / 15 / 20 11 (Month) (Day) (Year)
5. Lynne Nowakowski	J. Nowakowski	Street: 606 Walton Pl. City: MADISON WI Zip: 53704	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11 / 15 / 20 11 (Month) (Day) (Year)
6. Joy Zotalis	Joy Zotalis	Street: 2057 Helena St. City: Madison Zip: 53704	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11 / 15 / 20 11 (Month) (Day) (Year)
7. Gerald D. Scrutchners	Gerald D. Scrutchners	Street: 21 South Second St. City: Madison Zip: 53704	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11 / 15 / 20 11 (Month) (Day) (Year)
8. ELAINE BRAZEE	Elaine Brazee	Street: 3014 Atwood Ave. #7 City: Madison Zip: 53704	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11 / 15 / 20 11 (Month) (Day) (Year)
9. Joseph Kowalski	Joseph Kowalski	Street: 796 W Main St Apt 360 City: Madison Zip: 53715	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11 / 15 / 20 11 (Month) (Day) (Year)
10. Twink Jan McMahon	Twink Jan McMahon	Street: 2018 Helena St. City: Madison WI Zip: 53704	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11 / 15 / 20 11 (Month) (Day) (Year)

Certification of Circulator

ANDREW ASKEW, (certify): I reside at 421 WALTON PL. MADISON
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 16 / 20 11
(Month) (Day) (Year)

(Signature of Circulator)

Page No. (Official Use Only)

1710

Circulators, pl

Phone

Email

SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
1. Tom Bayman		Street: 1849 Jennifer St City: Madison Zip: 53704	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
2. Charles Schubert		Street: 2709 Oakridge City: Madison Zip: 53704	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
3. MIA WILKES		Street: 298 Jennifer St City: Madison Zip: 53704	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
4. John Straughn		Street: 2024 E. Main St City: Madison Zip: 53704	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
5. MICHAEL SCHAITEL		Street: 21284 STATE Hwy 27 City: SPARTA Zip: 54656	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City SPARTA	11/15/2011 (Month) (Day) (Year)
6. Sarah Weber-Purves		Street: 258 Talon Place City: Sun Prairie, WI Zip: 53590	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Sun Prairie	11/15/2011 (Month) (Day) (Year)
7. Gloria K. Van Dikhon		Street: 1837 Jennifer St. City: madison WI Zip: 53704	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
8. Dorothy Bess		Street: 2123 maplewood #8 City: madison WI Zip: 53704	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City madison	11/15/2011 (Month) (Day) (Year)
9. Tamico Braxton		Street: 546 moose trail City: madison Zip: 53704	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City madison	11/15/2011 (Month) (Day) (Year)
10. erin parker		Street: 419 walton place City: madison Zip: 53704	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City madison	11/15/2011 (Month) (Day) (Year)

Certification of Circulator

I, ANDREW ARKIN, (certify): I reside at 421 WALTON PL. MADISON
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 16 / 2011
(Month) (Day) (Year)

(Signature of Circulator)

Page No. (Official Use Only)

1711

Retn
Com
PO
Mac

CON

Email

Phone

Email

Phone

Email

Phone

Email

Phone

Email

Phone

Email

Phone

Email

Phone

Email

Phone

Email

Phone

Email

Phone

Circulators, ple

Phone

Email

13a

SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
1. Adam Dombardian		Street: 1829 Jenifer City: Madison Zip: 53704	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
2. Melissa Rosenkranz		Street: 1854 Jenifer St. City: Madison Zip: 53704	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
3. Dale Garney		Street: 1718 Jenifer St. City: Madison WI Zip: 53704	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
4. Rebecca Strome		Street: 3713 Sussex Ln City: Madison WI Zip: 53714	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
5. LORI MERRIAM		Street: 110 Jackson St City: Madison WI Zip: 53704	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
6. Michael B. Lemberger		Street: 1837 Jenifer St City: Madison WI Zip: 53704	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
7. Kristin Haugen-Wente		Street: 505 Clemons Ave City: Madison Zip: WI	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
8. Patricia Brooks		Street: 615 W. Main St. #310 City: Madison Zip: WI	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
9. Sabrina Loomis		Street: 1829 Jenifer St City: Madison Zip: 53704	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
10. Debra Hanrahan		Street: 1822 Helena St. City: Madison Zip: 53704	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)

Certification of Circulator

I, Andrew Aiken, (certify): I reside at 421 W. ACTON MADISON
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11/16/2011
(Month) (Day) (Year)

(Signature of Circulator)

Page No. (Official Use Only)

1712

Ret
Com
PO
Mad

CON

Email: Adam
Phone: (608) 228-1234
Email: MARASSENK
Phone: (608) 228-1234
Email: DGAV
Phone: (608) 228-1234
Email: rebecca
Phone: () () ()
Email: Merriam
Phone: () () ()
Email: Lemberger
Phone: () () ()
Email:
Phone: () () ()
Email: P. Brooks
Phone: (608) 228-1234
Email:
Phone: () () ()
Email:
Phone: () () ()

Circulators, please

Phone

Email

Ba

SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
1. Erika Hagen	<i>Erika Hagen</i>	Street: 501 Walton Pl City: Madison WI Zip: 53704	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11 / 15 / 2011 (Month) (Day) (Year)
2. Katharine Lund	<i>Katharine Lund</i>	Street: 162 Dunning St, #2 City: Madison, WI Zip: 53704	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11 / 15 / 2011 (Month) (Day) (Year)
3. Michelle Galarowicz	<i>Michelle Galarowicz</i>	Street: 521 Pendleton Dr City: Madison WI Zip: 53718	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11 / 15 / 2011 (Month) (Day) (Year)
4. Lianne Burnson	<i>Lianne Burnson</i>	Street: 2027 Rutledge St City: Madison WI Zip: 53704	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11 / 15 / 2011 (Month) (Day) (Year)
5. Travis Sandoval	<i>Travis Sandoval</i>	Street: 1341 Spaight St. #3 City: Madison, WI Zip: 53703	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11 / 15 / 2011 (Month) (Day) (Year)
6. Zachary Kerwin	<i>Zachary T. Kerwin</i>	Street: 9 Country Glen Cir City: Madison, WI Zip: 53719	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11 / 15 / 2011 (Month) (Day) (Year)
7. ANDREW KREUSER	<i>Andrew Kreuser</i>	Street: 301 S. LIVINGSTON ST # 306 City: MADISON, WI Zip: 53703	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MADISON	11 / 15 / 2011 (Month) (Day) (Year)
8. KELSEY ANDERSON	<i>Kelsey Anderson</i>	Street: 315 PALOMINO LN #3 City: MADISON WI Zip: 53705	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MADISON	11 / 15 / 2011 (Month) (Day) (Year)
9. WILLIAM BECKER	<i>William Becker</i>	Street: 1014 COLBY ST. City: MADISON, WI Zip: 53715	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MADISON	11 / 15 / 2011 (Month) (Day) (Year)
10. Anne Bear	<i>Anne Bear</i>	Street: 1810 Helena St. City: Madison, WI Zip: 53704	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MADISON	11 / 15 / 2011 (Month) (Day) (Year)

Certification of Circulator

I, ANDREW ASKEW, (certify): I reside at 421 WALTON PL. MADISON
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 16 / 2011
(Month) (Day) (Year)

Andrew Askew
(Signature of Circulator)

Page No. (Official Use Only)

1713

Circulators

Phone

Email

Ba

SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
1. CAREY KARABIS	<i>Carey Karabis</i>	Street: 2137 LAKELAND AVE City: MADISON Zip: 53704	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MADISON	11/15/2011 (Month) (Day) (Year)
2. Phillip Galarowicz	<i>Phillip Galarowicz</i>	Street: 5021 Pendleton Dr. Apt 311 City: Madison Zip: 53718	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City madison	11/15/2011 (Month) (Day) (Year)
3. RICHARD BURNSON	<i>Richard Burnson</i>	Street: 2027 Rutledge St. City: Madison Zip: 53704	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
4. MATTHEW ALEXANDER	<i>Matthew Alexander</i>	Street: 1841 Helen St City: Madison Zip: 53704	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
5. Amy Mager	<i>Amy L. Mager</i>	Street: 510 Walton Place City: Madison Zip: 53704	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
6. ANDREW EWEN	<i>Andrew Ewen</i>	Street: 527 BUNNING ST. City: MADISON Zip: 53704	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MADISON	11/15/2011 (Month) (Day) (Year)
7. Kimberly Lawrence	<i>Kimberly Lawrence</i>	Street: 2828 Kessler Rd City: Janesville wi Zip: 53548	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Janesville	11/15/2011 (Month) (Day) (Year)
8. Laura Krahn	<i>Laura Krahn</i>	Street: 1216 Drake St. City: Madison Zip: 53715	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
9. ART SAFFRAN	<i>Art Saffran</i>	Street: 501 RIVERSIDE DR City: MADISON Zip: 53704	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MADISON	11/15/2011 (Month) (Day) (Year)
10. Sharron ST. John	<i>Sharron St. John</i>	Street: 1014 Colby St. City: madison Zip: 53715	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MADISON	11/15/2011 (Month) (Day) (Year)

Certification of Circulator

I, ANDREW EWEN, (certify): I reside at 421 WALTON PL. MADISON
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 16 / 2011
(Month) (Day) (Year)

Andrew Ewen
(Signature of Circulator)

Page No. (Official Use Only)

1714

Circulators,

Phone

Email

Bo

SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
1. LYNN J. PACKARD	<i>Lynn J. Packard</i>	Street: 1814 JENIFER ST. City: MADISON Zip: 53704	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MADISON	11/5/2011 (Month) (Day) (Year)
2. Susan R. Schlichting	<i>Susan R. Schlichting</i>	Street: 1538 Comanche Glen City: Madison Zip: 53704	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
3. STEPHEN MACKAY	<i>Steph Mackay</i>	Street: 1149 RUTLEDGE ST City: MADISON Zip: 53703	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MADISON	11/15/2011 (Month) (Day) (Year)
4. WILLIAM R. SEBERT	<i>William R. Sebert</i>	Street: 481 HILLTOP DRIVE City: MADISON Zip: 53704	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MADISON	11/15/2011 (Month) (Day) (Year)
5. MARK WHITCOMB	<i>Mark Whitcomb</i>	Street: 509 WALTON PL City: Madison WI Zip: 53704	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
6. KATHLEEN DRISCOLL	<i>Kathleen Driscoll</i>	Street: 421 WALTON PL City: MADISON Zip: 53704	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MADISON	11/15/2011 (Month) (Day) (Year)
7. Michael Hechler	<i>Michael Hechler</i>	Street: W3368 Main St City: Manchester Zip: 53946	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Manchester	11/15/2011 (Month) (Day) (Year)
8. JAMES L. FRANKS	<i>James L. Franks</i>	Street: 1677 NORA RD City: COTTAGE GROVE Zip: 53527	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City COTTAGE GROVE	11/15/2011 (Month) (Day) (Year)
9. LARRY K. GRAY	<i>Larry K. Gray</i>	Street: 505 RIVINGTON DR City: MADISON Zip: 53704	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MADISON	11/15/2011 (Month) (Day) (Year)
10. ALEXANDRA AULISI	<i>Alexandra Aulisi</i>	Street: 2134 RUSK ST City: MADISON Zip: 53704	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MADISON	11/15/2011 (Month) (Day) (Year)

Certification of Circulator

I, ANDREW ABRAHAM, (certify): I reside at 421 WALTON PL. MADISON
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 16 / 2011
(Month) (Day) (Year)

(Signature of Circulator)

Page No. (Official Use Only)

1715

Circulators,

Phone

Email

Ba

SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
1. Crista Lebens	<i>Crista Lebens</i>	Street: 2653 E. Johnson St. City: Madison WI Zip: 53704	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
2. Meredith Coulson	<i>Meredith Coulson</i>	Street: 1246 Spaight St. Apt. 1 City: Madison, WI Zip: 53703	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
3. Carrie J Brulla-Marson	<i>Carrie J Brulla-Marson</i>	Street: 4518 Elgar Lane City: Madison Zip: 53704	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
4. Richard M. Castellnuovo	<i>Richard M. Castellnuovo</i>	Street: 1609 Jennifer St. City: Madison Zip: 53704	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
5. Andrea Weiler	<i>Andrea Weiler</i>	Street: 49 Walter St City: Madison Zip: 53714	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
6. BRADLEY J MOTL	<i>Bradley J. Motl</i>	Street: 3211 Forest Ridge City: Madison Zip: 53704	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
7. Sarah Motl	<i>Sarah Motl</i>	Street: 3211 Forest Ridge City: Madison Zip: 53704	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
8. Mary Eberle	<i>Mary Eberle</i>	Street: 417 Walton Pl City: Madison Zip: 53704	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
9. Eric Sherman	<i>Eric Sherman</i>	Street: 1854 Jennifer St City: Madison Zip: 53704	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
10. ANDREW ASKEW	<i>Andrew L. Aske</i>	Street: 421 WALTON PLACE City: MADISON Zip: 53704	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MADISON	11/15/2011 (Month) (Day) (Year)

Certification of Circulator

I, ANDREW ASKEW, (Name of Circulator)

(certify): I reside at 421 WALTON PL. MADISON
(Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11/16/2011
(Month) (Day) (Year)

Andrew L. Aske
(Signature of Circulator)

Page No. (Official Use Only)

1716

Circulators

Phone

Email

SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
1. SARAH HOLE		Street: 619 RIVERSIDE DR. City: MADISON Zip: 53704	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MADISON	11/15/2011 (Month) (Day) (Year)
2. NANCY BLAKE		Street: 141 Spraight St City: Madison WI Zip: 53703	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MADISON	11/15/2011 (Month) (Day) (Year)
3. Jennifer LaBelle		Street: 4512 Gordon Ave City: Monona WI Zip: 53716	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Monona	11/19/2011 (Month) (Day) (Year)
4. Aaron Jossart		Street: 335 Riverside Dr City: Madison WI Zip: 53704	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
5. KATHERINE CURTIS		Street: 335 RIVERSIDE DR City: MADISON Zip: 53704	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MADISON	11/15/2011 (Month) (Day) (Year)
6. Nick Schamboreck		Street: 409 Clemons Ave. #1 City: Madison Zip: 53704	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
7. Erin Schamboreck		Street: 409 Clemons Ave. #1 City: Madison Zip: 53704	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
8. FINN RYAN		Street: 2118 SOMMERS AVE City: MADISON Zip: 53704	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MADISON	11/15/2011 (Month) (Day) (Year)
9. KAREN SNIDER		Street: 14 Lamplighter Way City: Madison Zip: 53714	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MADISON	11/15/2011 (Month) (Day) (Year)
10. Sara Watters		Street: 2201 Oakridge Av. #5 City: Madison, WI Zip: 53704	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)

Certification of Circulator

I, ANDREW ARKIN, (certify): I reside at 421 WALTON PL. MADISON
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 16 / 2011
(Month) (Day) (Year)

(Signature of Circulator)

Page No. (Official Use Only)

1717

Ref
Con
PO
Ma

CON
Email
Phone
Email
Phone
Email
Phone
Email
Phone
Email
Phone
Email
Phone
Email
Phone
Email
Phone
Email
Phone
Email
Phone

Circulators, p

Phone

Email

Box

SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
1. SARAH BARRY	<i>Sarah Barry</i>	Street: 1813 Jennifer St City: Madison WI Zip: 53704	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11 / 15 / 2011 (Month) (Day) (Year)
2. JOSH RICE	<i>J R</i>	Street: 505 WALTON PLACE City: MADISON Zip: 53704	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MADISON	11 / 15 / 2011 (Month) (Day) (Year)
3. Richard Betz	<i>Richard Betz</i>	Street: 1534 Morrison St. City: Madison WI Zip: 53703	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11 / 15 / 2011 (Month) (Day) (Year)
4. Charles Tranberg	<i>Charles Tranberg</i>	Street: 106 S Hancock #110 City: Madison Zip: 53703	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11 / 15 / 2011 (Month) (Day) (Year)
5. Elaine Meier	<i>Elaine Meier</i>	Street: 4404 Outlook St. City: Monona, WI Zip: 53716	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Monona	11 / 15 / 2011 (Month) (Day) (Year)
6. Susan Frikken	<i>Susan E Frikken</i>	Street: 1822 Helena St. City: Madison, WI Zip: 53704	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11 / 15 / 2011 (Month) (Day) (Year)
7. Douglas Dederich	<i>D Dederich</i>	Street: 1318 Spaight St #1 City: Madison Zip: 53703	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11 / 15 / 2011 (Month) (Day) (Year)
8. Brittany Sandoval	<i>Brittany Sandoval</i>	Street: 1341 Spaight St #3 City: Madison WI Zip: 53703	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11 / 15 / 2011 (Month) (Day) (Year)
9. Karyn Chacon	<i>K Chacon</i>	Street: 1421 Rutledge St. City: Madison WI Zip: 53703	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11 / 15 / 2011 (Month) (Day) (Year)
10. JOINN OLSON	<i>Joinn Olson</i>	Street: 503 SIMONSON ST. City: Deerfield, WI Zip: 53531	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Deerfield	11 / 15 / 2011 (Month) (Day) (Year)

Certification of Circulator

I, ANDREW ASKEW, (certify): I reside at 421 WALTON MADISON
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 16 12011
(Month) (Day) (Year)

(Signature of Circulator)

Page No. (Official Use Only)

1718

Circulators, please

Phone

Email

SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
1. Megan Ramstack		Street: 1936 Atwood Ave #1 City: Madison Zip: 53704	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
2. Charles Strawser		Street: 1801 Helena St City: Madison WI Zip: 53704	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
3. Ellison Bentley		Street: 1801 Helena St. City: Madison WI Zip: 53704	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
4. Daniel Mager		Street: 510 Walton Pl. City: Madison WI Zip: 53704	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
5. Randall Brown		Street: 1817 Jennifer St City: Madison Zip: 53704	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
6. CHANDY KARNOM		Street: 1845 Jennifer St. City: Madison Zip: 53704	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
7.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
8.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
9.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
10.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)

Certification of Circulator

I, ANDREW ASKAN, (certify): I reside at 421 WALTON MADISON
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 16 120 11
(Month) (Day) (Year)

(Signature of Circulator)

Page No. (Official Use Only)

1719

Circulators, please

Phone

Email

SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
1. DEBORAH BACKARD	<i>Deborah Backard</i>	Street: 1814 JENIFER ST. City: MADISON Zip: 53704	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City MADISON	11/15/2011 (Month) (Day) (Year)
2.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
3.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
4.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
5.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
6.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
7.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
8.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
9.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
10.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)

Certification of Circulator

I, ANDREW ARKIN, (Name of Circulator)

(certify): I reside at 421 WALTON (Circulator's Residence - Street name and Number)

MADISON (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 16 / 2011
(Month) (Day) (Year)

Andrew Arkin
(Signature of Circulator)

Page No. (Official Use Only)

1720

Retu
Com
PO
Mac

CON

Email

Phone

Email

Phone

Email

Phone

Email

Phone

Email

Phone

Email

Phone

Email

Phone

Email

Phone

Email

Phone

Email

Phone

Circulators, pl

Phone

Email

SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
1. WALTER G. GOODMAN	<i>Walter G. Goodman</i>	Street: 625 N. SEDGE #707 City: MADISON, WI Zip: 53705	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MADISON	11 / 15 / 2011 (Month) (Day) (Year)
2. Laurie Ballentine	<i>Laurie Ballentine</i>	Street: 4175 Oak St City: McFarland WI Zip: 53558	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Dunn	11 / 15 / 2011 (Month) (Day) (Year)
3. CAROL BARGMAN	<i>Carol Bargman</i>	Street: 60 Kessel Ct. City: MADISON Zip: 53711	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MADISON	11 / 15 / 2011 (Month) (Day) (Year)
4. Cistyn Smith	<i>Cistyn M. Smith</i>	Street: 2418 Nottingham Way City: Madison, WI Zip: 53713	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11 / 15 / 2011 (Month) (Day) (Year)
5. Heidi Bissell	<i>Heidi Bissell</i>	Street: 1206 Jenifer St. #2 City: Madison WI Zip: 53703	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11 / 15 / 2011 (Month) (Day) (Year)
6. Christy Stewart	<i>Christy Stewart</i>	Street: 312 Prospect Rd City: Wausaukee WI Zip: 53597	<input checked="" type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Wausaukee	11 / 15 / 2011 (Month) (Day) (Year)
7. Thomas Dettinger	<i>Thomas Dettinger</i>	Street: 2740 Rimrock Rd. City: Madison WI Zip: 53713	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Madison	11 / 15 / 2011 (Month) (Day) (Year)
8. Ananda Zimmerman	<i>Ananda M.P. Zimmerman</i>	Street: 2120 University Ave #403 City: Madison WI Zip: 53726	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11 / 15 / 2011 (Month) (Day) (Year)
9. Claudio Gratton	<i>Claudio Gratton</i>	Street: 4116 Parnack Ave City: Madison, WI Zip: 53711	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11 / 15 / 2011 (Month) (Day) (Year)
10. Melissa Motew	<i>Melissa Motew</i>	Street: 2111 Oakridge Ave City: Madison WI Zip: 53704	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11 / 15 / 2011 (Month) (Day) (Year)

Certification of Circulator

I, Jolene R Lindholm, (certify): I reside at 116 ProudFit St #2 City of Madison
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 15 / 2011
(Month) (Day) (Year)

Jolene R Lindholm
(Signature of Circulator)

Page No. (Official Use Only)
1721

Circulators, p
Phone
Email

SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
1. Audrey Kampmeier	<i>Audrey Kampmeier</i>	Street: 4201 Marsh City: Madison WI Zip: 53718	<input checked="" type="checkbox"/> Town Blooming Grove <input type="checkbox"/> Village <input type="checkbox"/> City	11/15/2011 (Month) (Day) (Year)
2. Heather Heenke	<i>Heather Heenke</i>	Street: 5608 Osborn Dr City: McFarland Zip: 53558	<input type="checkbox"/> Town <input type="checkbox"/> Village McFarland <input type="checkbox"/> City	11/15/2011 (Month) (Day) (Year)
3. Susan Guzinski	<i>Susan Guzinski</i>	Street: 115 E. School Rd City: Cottage Grove Zip: 53527	<input checked="" type="checkbox"/> Town Cottage Grove <input type="checkbox"/> Village <input checked="" type="checkbox"/> City	11/15/2011 (Month) (Day) (Year)
4. Tim Severson	<i>Tim Severson</i>	Street: 4601 Severson Rd City: McFarland Zip: 53558	<input type="checkbox"/> Town <input type="checkbox"/> Village McFarland <input type="checkbox"/> City	11/14/2011 (Month) (Day) (Year)
5. Tanya Mast	<i>Tanya C. Mast</i>	Street: 4814 Dale St. #6 City: McFarland Zip: 53558	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village McFarland <input type="checkbox"/> City	11/15/2011 (Month) (Day) (Year)
6. WAYNE BORCHERDING	<i>Wayne Borcharding</i>	Street: 2727 TOWER RD. City: McFARLAND Zip: 53558	<input checked="" type="checkbox"/> Town DUNN <input type="checkbox"/> Village <input type="checkbox"/> City	11/15/2011 (Month) (Day) (Year)
7. Debra Elsoffer	<i>Debra Elsoffer</i>	Street: 5451 Miller Farm Rd. City: Black Earth Zip: 53515	<input checked="" type="checkbox"/> Town de Black Earth <input type="checkbox"/> Village <input type="checkbox"/> City	11/15/2011 (Month) (Day) (Year)
8. David Ogden	<i>David Ogden</i>	Street: 5416 Dennis Dr. City: McFarland WI Zip: 53558	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village McFarland <input type="checkbox"/> City	11/15/2011 (Month) (Day) (Year)
9. Barbara Lee	<i>Barbara Lee</i>	Street: 1833 Dunnwood Way City: Oregon WI Zip: 53575	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village Dunn <input type="checkbox"/> City	11/15/2011 (Month) (Day) (Year)
10. Susan Schmalig	<i>Susan Schmalig</i>	Street: 6111 Spring Pond Ct City: McFarland WI Zip: 53558	<input type="checkbox"/> Town <input type="checkbox"/> Village McFarland <input checked="" type="checkbox"/> City	11/15/2011 (Month) (Day) (Year)

Certification of Circulator

I, ANN KLEIN HANS, (certify): I reside at 2669 COUNTY RD AB McFarland
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 1 / 15 120 / 11
(Month) (Day) (Year)

[Signature]
(Signature of Circulator)

Page No. (Official Use Only)
1722

Circulators, pl
Phone
Email
Batch

SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
1. Elizabeth Fröden	Elizabeth Fröden	Street: 6214 Wild Flower Ct City: McFarland Zip: 53558	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village McFarland <input type="checkbox"/> City	11/15/2011 (Month) (Day) (Year)
2. MARK ERTTEL	Mark Erttel	Street: 5805 COUNTRY WALK City: McFarland WI Zip: 53558	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village McFarland <input type="checkbox"/> City	11/15/2011 (Month) (Day) (Year)
3. Brett Charlesworth	Brett Charlesworth	Street: 6014 Merrill St City: McFarland, WI Zip: 53558	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village McFarland <input type="checkbox"/> City	11/15/2011 (Month) (Day) (Year)
4. Kathy Charlesworth	K Charlesworth	Street: 6016 Merrill St City: McFarland WI Zip: 53558	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village McFarland <input type="checkbox"/> City	11/15/2011 (Month) (Day) (Year)
5. Julie Connor	Julie A. Connor	Street: 6320 Johnson St City: McFarland WI Zip: 53558	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village McFarland <input type="checkbox"/> City	11/15/2011 (Month) (Day) (Year)
6. Katie Schaa f	Katie Schaa f	Street: 5900 Osborn Dr. City: McFarland WI Zip: 53558	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village McFarland <input type="checkbox"/> City	11/15/2011 (Month) (Day) (Year)
7. Richard N. Olson	Richard N. Olson	Street: 2386 KEENAN RD City: McFarland WI Zip: 53558	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Dunn	11/15/2011 (Month) (Day) (Year)
8. Karen E Roder	Karen E Roder	Street: 5918 E Open Meadow City: McFarland WI Zip: 53558	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village McFarland <input type="checkbox"/> City	11/15/2011 (Month) (Day) (Year)
9. Marcus Bova	M Bova	Street: 5311 Dennis Dr. City: McFarland Zip: 53558	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village McFarland <input type="checkbox"/> City	11/15/2011 (Month) (Day) (Year)
10. Angela Snelling	Angela Snelling	Street: 6000 Hokscher Rd. City: McFarland, WI Zip: 53558	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village McFarland <input type="checkbox"/> City	11/15/2011 (Month) (Day) (Year)

Certification of Circulator

I, ANN KLEHANS, (certify): I reside at 2669 County Road AB McFarland
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 15 / 2011
(Month) (Day) (Year)

(Signature of Circulator)

Page No. (Official Use Only)

1723

Circulators, p

Phone

Email

SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
1. Karyn Mita	Karyn Mita	Street: 5705 Leanne Ln City: McFarland Zip: 53558	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village McFarland <input type="checkbox"/> City	11 / 15 / 20 11 (Month) (Day) (Year)
2. Julie Harrison	Julie Harrison	Street: 6325 Exchange St. City: McFarland Zip: 53558	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village McFarland <input type="checkbox"/> City	11 / 15 / 20 11 (Month) (Day) (Year)
3. Cheryl Ackley	Cheryl L. Ackley	Street: 2825 Pleasant View Hts. City: Cottage Grove Zip: 53527	<input checked="" type="checkbox"/> Town Pleasant Springs <input type="checkbox"/> Village <input type="checkbox"/> City	11 / 15 / 20 11 (Month) (Day) (Year)
4. Leslee Rinehart	Leslee Rinehart	Street: 6213 Exchange St. City: McFarland Zip: 53558	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village McFarland <input type="checkbox"/> City	11 / 15 / 20 11 (Month) (Day) (Year)
5. LINDA Allen	Linda Allen	Street: 5600 Lexington #108 City: McFarland Zip: 53558	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village McFarland <input type="checkbox"/> City	11 / 15 / 20 11 (Month) (Day) (Year)
6. Larry Wilson	Larry Wilson	Street: 756 Saint James City: Cottage Grove Zip: 53527	<input type="checkbox"/> Town <input type="checkbox"/> Village Cottage Grove <input type="checkbox"/> City	11 / 15 / 20 11 (Month) (Day) (Year)
7. Chris Gilbertson	Chris Gilbertson	Street: 3379 Kuehling Dr City: McFarland Zip: 53558	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village McFarland <input type="checkbox"/> City	11 / 15 / 20 11 (Month) (Day) (Year)
8. AUGUSTINE RODRIGUEZ	A Rodriguez	Street: 5206 Cook St City: McFarland Zip: 53558	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village McFarland <input type="checkbox"/> City	11 / 15 / 20 11 (Month) (Day) (Year)
9. Chad Bierl	Chad Bierl	Street: 5810 Smith Ridge Rd City: McFarland Zip: 53558	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village McFarland <input type="checkbox"/> City	11 / 15 / 20 11 (Month) (Day) (Year)
10. DAN KLECKER	Dan Klecker	Street: 5019 TIMBER LANE City: McFarland Zip: 53558	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village McFarland <input type="checkbox"/> City	11 / 15 / 20 11 (Month) (Day) (Year)

Certification of Circulator

I, ANN KLEMMHANS, (Name of Circulator)

(certify): I reside at 2669 Hwy A13 (Circulator's Residence - Street name and Number)

McFarland (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 15 / 20 11
(Month) (Day) (Year)

(Signature of Circulator)

Page No. (Official Use Only)

1724

Circulators, p

Phone

Email

Ba

SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
1. Laurence Jensen	<i>Laurence Jensen</i>	Street: 1618 Jenifer St City: Madison Zip: 53704	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
2. Karen Emery	<i>Karen Emery</i>	Street: 518 Oak St. City: Madison Zip: 53704	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
3. Tim KilKenny	<i>Tim KilKenny</i>	Street: 6977 Schroeder Rd #7 City: Madison Zip: 53711	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
4. Erin Fabrizius	<i>Ef</i>	Street: 501 N Henry St #808 City: Madison, WI Zip: 53703	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
5. Jacob Miller	<i>Jo Miller</i>	Street: 304 N. Barn St City: Madison, WI Zip: 53703	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
6. Carol Faynik	<i>Carol Faynik</i>	Street: 7153 E. Valley Ridge City: Madison Zip: 53711	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
7. Patricia Siekert	<i>Patricia Siekert</i>	Street: 971 Duncannon Way City: Sun Prairie WI Zip: 53590	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Sun Prairie	11/15/2011 (Month) (Day) (Year)
8. William H Lien	<i>WHL</i>	Street: 913 Acker Parkway City: Deforest Zip: 53532	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Deforest	11/15/2011 (Month) (Day) (Year)
9. Travis Reter	<i>Travis R</i>	Street: 2009 Carey Ct #2 City: Madison Zip: 53704	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
10. Son Byers	<i>Jim Byers</i>	Street: 4516 Field Ave. 53558 City: McFarland Zip: WI.	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City McFarland	11/15/2011 (Month) (Day) (Year)

Certification of Circulator

I, Joanne Kanter, (certify): I reside at 2136 E Main St City of Madison
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 15 / 2011
(Month) (Day) (Year)

Joanne R. Kanter
(Signature of Circulator)

Page No. (Official Use Only)
1725

Return
Complete
PO Box
Madison

CONTACT INFORMATION
Email
Phone ()
Email
Phone ()
Email timothy
Phone ()
Email
Phone ()
Email
Phone ()
Email
Phone ()
Email
Phone ()
Email
Phone ()
Email
Phone ()

Circulators, please
Phone ()
Email
Joanne

SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
1. Amanda E. Berby	<i>Amanda E. Berby</i>	Street: 2033 Sherman Ave. Apt 2 City: Madison Zip: 53703	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
2. Clifford Murray	<i>Clifford Murray</i>	Street: 6705 Sleepy Hollow Rd City: McFarland Zip: 53558	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City McFarland	11/15/2011 (Month) (Day) (Year)
3. Donna Madden	<i>Donna Madden</i>	Street: 409 W Doty St #7 City: Madison WI Zip: 53703	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
4. Edward Rabotski	<i>Edward Rabotski</i>	Street: 2508 12th Ave City: Monroe WI Zip: 53566	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Monroe	11/15/2011 (Month) (Day) (Year)
5. Nikki Hawkins	<i>Nikki Hawkins</i>	Street: 3502 Prairie Ave City: Madison WI Zip: 53714	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
6. Greg Bretter	<i>Greg Bretter</i>	Street: 1101 N. Wingra Dr City: Madison Zip: WI 53705	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
7. Ashley Peyton Smith	<i>Ashley Peyton Smith</i>	Street: 217 Jackson St City: Madison Zip: 53705	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
8. Heather Allen	<i>Heather Allen</i>	Street: 1815 Madison Street City: Madison Zip: 53711	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
9. Sharon Bell	<i>Sharon Bell</i>	Street: 6773 Schroeder Rd #6 City: Madison, WI Zip: 53711	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
10. Heidi Stross	<i>Heidi Stross</i>	Street: 5011 Whinneguan Rd City: Monona Zip: 53716	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Monona	11/15/2011 (Month) (Day) (Year)

Certification of Circulator

I, Theresa Wiggchers, (certify): I reside at 3501 Pierstorff St #5 City of Madison
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 15 / 2011
(Month) (Day) (Year)

Theresa Wiggchers
(Signature of Circulator)

Page No. (Official Use Only)

1726

Ret
Cor
PO
Mac

CON

Email

Phone

Email

Phone

Email

Phone

Email

Phone

Email

Phone

Email

Phone

Email

Phone

Email

Phone

Email

Phone

Email

Phone

Circulators, pl

Phone

Email

SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
1. Theresa Healy	<i>Theresa Healy</i>	Street: 2412 Van Hise Ave City: Madison Zip: 53726	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/16/2011 (Month) (Day) (Year)
2. Rachel Neill Rowes	<i>Rachel Neill Rowes</i>	Street: 957 Harper Dr. City: Verona Zip: 53593	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Verona	11/16/2011 (Month) (Day) (Year)
3. ERIN WICHE	<i>Erin Wiche</i>	Street: 6614 PIPING ROCK RD City: MADISON Zip: 53711	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MADISON	11/16/2011 (Month) (Day) (Year)
4. JENNIFER CUTTER	<i>Jennifer Cutter</i>	Street: 3301 Brighton PL. City: Madison WI Zip: 53713	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Madison	11/16/2011 (Month) (Day) (Year)
5. Chris Scharenbrock	<i>Chris Scharenbrock</i>	Street: 2502 Berkley City: Madison WI Zip: 53719	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/16/2011 (Month) (Day) (Year)
6. Debra Greene	<i>Debra Greene</i>	Street: 208 Bordner Dr. City: Madison Zip: 53705	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/16/2011 (Month) (Day) (Year)
7. Antoinette Aleman	<i>Antoinette Aleman</i>	Street: 3919 Hammersley Ave City: Madison Zip: WI 53705	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/16/2011 (Month) (Day) (Year)
8. Angela Noel	<i>Angela Noel</i>	Street: 307 S. Franklin St. Apt. 1 City: Verona Zip: 53593	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Verona	11/16/2011 (Month) (Day) (Year)
9. Amy Rockland	<i>Amy Rockland</i>	Street: 28733 Herder Circle, Lot 7 City: Lone Rock Zip: 53556	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Buena Vista	11/16/2011 (Month) (Day) (Year)
10. Debra S. Paulus	<i>Debra S. Paulus</i>	Street: E6797 Country Lane City: Spring Green, WI Zip: 53588	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Troy	11/16/2011 (Month) (Day) (Year)

Certification of Circulator

I, Theresa Healy, (certify): I reside at 2412 Van Hise Ave Madison WI - City
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 16 / 2011
(Month) (Day) (Year)

Theresa Healy
(Signature of Circulator)

Page No. (Official Use Only)

1721

Return
Comm
PO B
Madi

CONT

Email

Phone

Email

Phone

Email

Phone

Email

Phone

Email

Phone

Email

Phone

Email

Phone

Email

Phone

Email

Phone

Email

Phone

Circulators, please

Phone

Email

Batch

SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
1. S. Christopher Baird	<i>[Signature]</i>	Street: 9214 BEAR CLAW WAY City: MADISON Zip: 53717	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MADISON	11/16/2011 (Month) (Day) (Year)
2. Joel Ehrlich	<i>[Signature]</i>	Street: 22 S. Owen Drive City: Madison Zip: 53705	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/16/2011 (Month) (Day) (Year)
3. CASEY FOSHAY	<i>[Signature]</i>	Street: 2610 DUNWOODY DR City: MADISON Zip: 53713	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MADISON	11/16/2011 (Month) (Day) (Year)
4. Kevin Loniello	<i>[Signature]</i>	Street: 155 E. Wilson St City: Madison Zip: 53703	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/16/2011 (Month) (Day) (Year)
5. KELSEY ENRIQUEZ	<i>[Signature]</i>	Street: 699 W Mifflin St Apt 101 City: Madison Zip: 53703	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/16/2011 (Month) (Day) (Year)
6. Heidi Batley	<i>[Signature]</i>	Street: 9710 Red Sky Dr. City: Madison Zip: 53562	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/16/2011 (Month) (Day) (Year)
7. Anthony Sass	<i>[Signature]</i>	Street: 5220 Langlois St City: Madison Zip: 53705	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/16/2011 (Month) (Day) (Year)
8. SARAH LESSIE	<i>[Signature]</i>	Street: 256 WAUBESA ST City: MADISON WI Zip: 53704	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MADISON	11/16/2011 (Month) (Day) (Year)
9. Timothy J. Connell	<i>[Signature]</i>	Street: 1 Oconto Ct City: MADISON WI Zip: 53705	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MADISON	11/16/2011 (Month) (Day) (Year)
10. DANIEL T. FEENEY	<i>[Signature]</i>	Street: 1022 COLBY ST City: MADISON, WI Zip: 53715	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MADISON	11/16/2011 (Month) (Day) (Year)

Certification of Circulator

I, Theresa Healy, (certify): I reside at 2412 Van Hise Ave Madison WI - City
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 16 / 2011
(Month) (Day) (Year)

Theresa Healy
(Signature of Circulator)

Page No. (Official Use Only)
1728

Circulators, please
Phone
Email
Bate

SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
1. Eileen L. Niedermeier	Eileen L. Niedermeier	Street: 413 S. Yellowstone Dr. City: Madison, WI Zip: 53717	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison LB	11/15/11 11/15/2011 (Month) (Day) (Year)
2. Lois I. Bartels	Lois I. Bartels	Street: 4901 Holiday Dr City: Madison, WI Zip: 53711	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
3.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
4.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
5.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
6.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
7.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
8.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
9.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
10.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)

Certification of Circulator

I, Lois I. Bartels, (certify): I reside at 4901 Holiday Dr. City of Madison
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 16 / 2011
(Month) (Day) (Year)

Lois I. Bartels
(Signature of Circulator)

Page No. (Official Use Only)

1729

Return
Comm
PO Bo
Madis

Circulators, please

Phone

Email

Batch

SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return by Jan

Committee to
PO Box 2569
Madison, WI

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.
THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CONTACT
1. Print: <u>Paul Lindquist</u> Sign: <u>[Signature]</u>	Street: <u>904 Innisbrook Ct</u> City: <u>Wauvakee</u> Zip: <u>53597</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>Wauvakee</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email Phone <u>(608)</u>
2. Print: <u>LuAnn Ransley</u> Sign: <u>[Signature]</u>	Street: <u>2783 Tower Rd.</u> City: <u>McFarland WI</u> Zip: <u>53558</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Dunn</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email Phone <u>(608)</u>
3. Print: <u>Gilbert Ransley</u> Sign: <u>[Signature]</u>	Street: <u>2783 Tower Rd</u> City: <u>McFarland</u> Zip: <u>53558</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Dunn</u> (Municipality Name)	<u>11/15/2011</u> (Month) (Day) (Year)	Email Phone <u>(608)</u>
4. Print: <u>Theresa O'Connor</u> Sign: <u>[Signature]</u>	Street: <u>5513 Pleasant Hill Rd</u> City: <u>Monona WI</u> Zip: <u>53716</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Monona</u> (Municipality Name)	<u>11/16/2011</u> (Month) (Day) (Year)	Email Phone <u>(608)</u>
5. Print: <u>Paul E. Roller</u> Sign: <u>[Signature]</u>	Street: <u>W12298 CTR Rd J</u> City: <u>Lodi WI</u> Zip: <u>53555</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Lodi</u> (Municipality Name)	<u>11/16/2011</u> (Month) (Day) (Year)	Email Phone <u>(608)</u>

I, Paul Lindquist, (certify): I reside at 904 Innisbrook Ct Village of Wauvakee
(Printed Name of Circulator) (Circulator's Residence - Street Name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S. 12.18(3)(a), Wis Stats.

11 / 16 / 2011
(Month) (Day) (Year)

(Signature of Circulator)

Page No. (Official Use Only)

1730

Circulators,
Please include your contact

Phone

()

Email

Batch#

SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
1. Jane Brotman	<i>Jane Brotman</i>	Street: 811 No. Gammon Rd City: Madison WI Zip: 53717	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
2. Stephen M. Austin	<i>Stephen M. Austin</i>	Street: 811 N. GAMMON ROAD City: Madison Zip: 53717-150	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison, WI	11/15/2011 (Month) (Day) (Year)
3. Greg A. Kruckenberg	<i>Greg A. Kruckenberg</i>	Street: 6610 Woodgate Rd City: Middleton, WI Zip: 53562	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Middleton, WI	11/15/2011 (Month) (Day) (Year)
4. Jeanette E. TABAKA	<i>Jeanette E. Tabaka</i>	Street: 5978 SCHROEDER RD. City: MADISON, WI Zip: 53711	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MADISON, WI	11/15/2011 (Month) (Day) (Year)
5. CARROLL M. TABAKA	<i>Carroll M. Tabaka</i>	Street: 5978 SCHROEDER RD City: MADISON Zip: 53711	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MADISON	11/16/2011 (Month) (Day) (Year)
6. AARON M DAVIS	<i>Aaron M Davis</i>	Street: 4518 SUDY LANE City: MADISON Zip: 53704	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MADISON	11/16/2011 (Month) (Day) (Year)
7. Martha Harrison	<i>Martha Harrison</i>	Street: 538 Rushmore Ln. City: Madison Zip: 53711	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/16/2011 (Month) (Day) (Year)
8. James Netton	<i>James Netton</i>	Street: 2141 Keyes AVE City: Madison Zip: 53711	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/16/2011 (Month) (Day) (Year)
9. Miguel F Cárdenas	<i>Miguel F Cárdenas</i>	Street: 1904 Park St City: Cross Plains Zip: 53528	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Cross Plains	11/16/2011 (Month) (Day) (Year)
10. Mary K. Payton	<i>Mary K. Payton</i>	Street: 823 N. Gammon Road City: Madison, WI Zip: 53717	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/16/2011 (Month) (Day) (Year)

Certification of Circulator

I, Jane Brotman, (certify): I reside at 811 No. Gammon Rd city of Madison
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 16 / 2011
(Month) (Day) (Year)

Jane Brotman
(Signature of Circulator)

Page No. (Official Use Only)

1731

Return
Complete
Post Office
Mailing

CONTACT INFORMATION
Email
Phone ()
Email saustini
Phone (608)
Email
Phone ()
Email
Phone ()
Email
Phone ()
Email aaronm
Phone (608)
Email
Phone ()
Email
Phone ()
Email
Phone ()
Email maryk
Phone (608)

Circulators, please

Phone ()
Email

Bar

SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
1. Lyra Eugenio-Thomson	<i>Lyra E Thomson</i>	Street: 819 N. Gammon Rd City: Madison Zip: 53717	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/16/2011 (Month) (Day) (Year)
2. John Thomson, Jr	<i>John Thomson, Jr</i>	Street: 819 N Gammon Rd City: Madison WI Zip: 53717	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/16/2011 (Month) (Day) (Year)
3. DAN BEGALKE	<i>DLR BE</i>	Street: 803 N Gammon Rd City: Madison WI Zip: 53717	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/16/2011 (Month) (Day) (Year)
4. Eva Ballering	<i>Eva Ballering</i>	Street: 1245 Morrison Ct City: Madison WI Zip: 53703	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/16/2011 (Month) (Day) (Year)
5.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
6.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
7.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
8.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
9.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
10.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)

Certification of Circulator

I, Jane Brotman, (certify): I reside at 811 N. Gammon Rd city of Madison
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 16 / 2011
(Month) (Day) (Year)

Jane Brotman
(Signature of Circulator)

Page No. (Official Use Only)

1732

Return
Complete
PO Box
Mailing

Circulators, please

Phone

Email

Batch

SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
1.	Thomas D. Payton	823 N. GAMMON RD City: Madison W. Zip: 53717	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/16/2011 (Month) (Day) (Year)
2.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
3.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
4.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
5.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
6.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
7.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
8.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
9.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
10.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)

Certification of Circulator

I, Jane Brotman, (certify): I reside at 811 No. Gammon Rd. City of Madison
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 16 / 2011
(Month) (Day) (Year)

Jane Brotman
(Signature of Circulator)

Page No. (Official Use Only)

1733

Return
Complete
Post Office
Mailing

CONT

Email
Phone
()

Email
Phone
()

Email
Phone
()

Email
Phone
()

Email
Phone
()

Email
Phone
()

Email
Phone
()

Email
Phone
()

Email
Phone
()

Email
Phone
()

Circulators, please

Phone

()

Email

Bat

SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return by Jan
Committee to
PO Box 2569
Madison, WI

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.				
NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CONTACT
1. Print: <u>Bart Weiss</u> Sign: <u>Bart Weiss</u>	Street: <u>2899 Mickelson Pkwy</u> #208 City: <u>Fitchburg</u> Zip: <u>53711</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Fitchburg</u> (Municipality Name)	<u>11/16/2011</u> (Month) (Day) (Year)	Email: <u>bart@101</u> Phone: <u>(608) 781-1010</u>
2. Print: <u>Nathaniel Creve</u> Sign: <u>Nathaniel Creve</u>	Street: <u>1813 Kenneth St.</u> City: <u>Madison</u> Zip: <u>53711</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Madison</u> (Municipality Name)	<u>11/16/2011</u> (Month) (Day) (Year)	Email: Phone: <u>() () ()</u>
3. Print: <u>Ann MacPherson</u> Sign: <u>Ann MacPherson</u>	Street: <u>723 Oriole Lane</u> City: <u>Plymouth</u> Zip: <u>53073</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Plymouth</u> (Municipality Name)	<u>11/16/2011</u> (Month) (Day) (Year)	Email: Phone: <u>() () ()</u>
4. Print: <u>KARI KENERICK</u> Sign: <u>Kari B. Kenerick</u>	Street: <u>825 GANNON AVE</u> City: <u>MADISON</u> Zip: <u>53714</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>MADISON</u> (Municipality Name)	<u>11/16/2011</u> (Month) (Day) (Year)	Email: <u>608 301-1010</u> Phone: <u>() () ()</u>
5. Print: <u>Susan Frackman</u> Sign: <u>Susan Frackman</u>	Street: <u>3206 Tallyho Lane</u> City: <u>Madison</u> Zip: <u>53705</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>Shorewood Hills</u> (Municipality Name)	<u>11/16/2011</u> (Month) (Day) (Year)	Email: Phone: <u>(608) 781-1010</u>

I, Eileen Mason (certify): I reside at 834 S. Gammon Rd #2 City of MADISON
(Printed Name of Circulator) (Circulator's Residence - Street Name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 16 / 2011
(Month) (Day) (Year)

[Signature]
(Signature of Circulator)

Page No. (Official Use Only)
1734

Circulators,
Please include your contact information.
Phone: () () ()
Email: Bart@101

SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return by Jan
Committee to
PO Box 2569
Madison, WI

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.
THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CONTACT
1. Print: <u>ADAM KRUSCHKE</u> Sign: <u>Adam Kruschke</u>	Street: <u>958 PARK ST Apt 205</u> City: <u>OREGON</u> Zip: <u>53575</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>OREGON</u> (Municipality Name)	<u>11/16/2011</u> (Month) (Day) (Year)	Email: <u>12RUSCHKE</u> Phone: <u>414 55</u> ()
2. Print: <u>Linda M Bass</u> Sign: <u>Linda M Bass</u>	Street: <u>2788 Florann Dr.</u> City: <u>Fitchburg</u> Zip: <u>53711</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Fitchburg</u> (Municipality Name)	<u>11/16/2011</u> (Month) (Day) (Year)	Email: <u>Lindyr</u> Phone: <u>(262)</u>
3. Print: <u>JAMES EBY</u> Sign: <u>James Eby</u>	Street: <u>2000 Robinson Rd</u> City: <u>Oregon</u> Zip: <u>53575</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>Oregon</u> (Municipality Name)	<u>12/16/2011</u> (Month) (Day) (Year)	Email: Phone: ()
4. Print: <u>Mark Caskey</u> Sign: <u>Mark Caskey</u>	Street: <u>607 B Oak Street</u> City: <u>Cottage Grove</u> Zip: <u>53527</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Cottage Grove</u> (Municipality Name)	<u>11/16/2011</u> (Month) (Day) (Year)	Email: Phone: <u>(608)</u>
5. Print: <u>L. Joseph Sloup</u> Sign: <u>L. Joseph Sloup</u>	Street: <u>5805 Tall Oak Road</u> City: <u>Fitchburg</u> Zip: <u>53711</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Fitchburg</u> (Municipality Name)	<u>11/16/2011</u> (Month) (Day) (Year)	Email: Phone: <u>(608)</u>

I, Eileen Mason (certify): I reside at 834 S Cammon Rd #2 City of MADISON
(Printed Name of Circulator) (Circulator's Residence - Street Name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S. 12.13(3)(a), Wis. Stats.

11 / 16 / 2011
(Month) (Day) (Year)

(Signature of Circulator)

Page No. (Official Use Only)
1735

Circulators,
Please include your contact

Phone

()

Email

Batch #

SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return by Jan
Committee to
PO Box 2569
Madison, WI

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.
THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CONTACT
1. Print: Renee Zadra Sign: Rene Zadra	Street: 5306 Black Walnut City: McFarland Zip: 53558	<input checked="" type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City McFarland (Municipality Name)	11/16/2011 (Month) (Day) (Year)	Email Phone ()
2. Print: Marlys D. Sloop Sign: Marlys D. Sloop	Street: 5805 TALL OAKS RD City: Fitchburg Zip: 53711	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Fitchburg (Municipality Name)	11/16/2011 (Month) (Day) (Year)	Email Phone (608) 250-1000
3. Print: Alicia Karasek Sign: [Signature]	Street: 574 S. Main St City: Monticello Zip: 53570	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Monticello (Municipality Name)	11/16/2011 (Month) (Day) (Year)	Email Phone (608) 912-1000
4. Print: Kathleen Shaw Sign: Kathleen Shaw	Street: N3012 Stebbins Rd City: Poynette Zip: 53955	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Poynette (Municipality Name)	11/16/2011 (Month) (Day) (Year)	Email Phone (608) 785-1000
5. Print: Jill Adams Sign: Jill L Adams	Street: 5204 Snapdragon Trl City: Fitchburg Zip: 53711	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Fitchburg (Municipality Name)	11/16/2011 (Month) (Day) (Year)	Email Phone (608) 785-1000

I, Eileen MAON (certify): I reside at 834 S. Gammon City of Madison
(Printed Name of Circulator) (Circulator's Residence - Street Name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S. 12.13(3)(a), Wis. Stats.

11/16/2011
(Month) (Day) (Year)

[Signature]
(Signature of Circulator)

Page No. (Official Use Only)
1736

Circulators,
Please include your contact information.

Phone
()
Email

Batch

SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return by Jan

Committee to
PO Box 2569
Madison, WI 53708

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.
THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CONTACT
1. Print: <u>Greta Petersen</u> Sign: <u>[Signature]</u>	Street: <u>52 Waucoma Woods Ct.</u> City: <u>Madison</u> Zip: <u>53713</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Madison</u> (Municipality Name)	<u>11/16/2011</u> (Month) (Day) (Year)	Email: <u>greta.m</u> Phone: () ()
2. Print: <u>LYNN FAHEY</u> Sign: <u>[Signature]</u>	Street: <u>865 Glenview Dr</u> City: <u>VERONA</u> Zip: <u>53593</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>VERONA</u> (Municipality Name)	<u>11/16/2011</u> (Month) (Day) (Year)	Email: <u></u> Phone: () ()
3. Print: <u>ERIC W JOHNSON</u> Sign: <u>[Signature]</u>	Street: <u>2775 Sunflower Dr.</u> City: <u>Fitchburg WI</u> Zip: <u>53411</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Fitchburg</u> (Municipality Name)	<u>11/16/2011</u> (Month) (Day) (Year)	Email: <u></u> Phone: () ()
4. Print: <u>Cathie F. Johnson</u> Sign: <u>[Signature]</u>	Street: <u>2775 Sunflower Dr.</u> City: <u>Fitchburg WI</u> Zip: <u>53711</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Fitchburg</u> (Municipality Name)	<u>11/16/2011</u> (Month) (Day) (Year)	Email: <u></u> Phone: () ()
5. Print: <u>PATRICK HANDEL</u> Sign: <u>[Signature]</u>	Street: <u>722 Milky Way</u> City: <u>Madison WI</u> Zip: <u>53718</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Madison</u> (Municipality Name)	<u>11/16/2011</u> (Month) (Day) (Year)	Email: <u>patrick</u> Phone: () ()

I, EISEN MASON (certify): I reside at 8345 Gammon Rd #2 City of MADISON
(Printed Name of Circulator) (Circulator's Residence - Street Name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.12(5)(a), Wis. Stats.

11 / 1 / 16 / 20 / 11
(Month) (Day) (Year)

[Signature]
(Signature of Circulator)

Page No. (Official Use Only)
1737

Circulators.
Please include your contact

Phone: () ()
Email:

Batch # 51

SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return by Jan

Committee to
PO Box 2569
Madison, WI 5

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.
THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CONTACT
1. Print: <u>Barbara A Loftus</u> Sign: <u>[Signature]</u>	Street: <u>812 Robin Dr.</u> City: <u>Sun Prairie WI</u> Zip: <u>53590</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Sun Prairie</u> (Municipality Name)	<u>11/14/2011</u> (Month) (Day) (Year)	Email Phone <u>(608) 3</u>
2. Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ (Municipality Name)	<u>1/20</u> (Month) (Day) (Year)	Email Phone ()
3. Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ (Municipality Name)	<u>1/20</u> (Month) (Day) (Year)	Email Phone ()
4. Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City _____ (Municipality Name)	<u>1/20</u> (Month) (Day) (Year)	Email Phone ()
5. Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ (Municipality Name)	<u>1/20</u> (Month) (Day) (Year)	Email Phone ()

I, Eileen Marx (certify): I reside at 8345 Common Rd #2 City of MADISON
(Printed Name of Circulator) (Circulator's Residence - Street Name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11/16/2011
(Month) (Day) (Year)

[Signature]
(Signature of Circulator)

Page No. (Official Use Only)

1738

Circulators,
Please include your contact

Phone

()

Email

Batch # B2

SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
1. STEPHEN KASTE		Street: 5025 MAHER AVE City: MADISON Zip: 53716	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MADISON	11/16/2011 (Month) (Day) (Year)
2. Shirley Walker		Street: 3305 Grandview City: Madison Zip: 53713	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/16/2011 (Month) (Day) (Year)
3. Shelby Harrison		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1/20 (Month) (Day) (Year)
4. Shelby Harrison		Street: 15 Carny Hollow Way NW City: madison Zip: 53711	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City	11/16/2011 (Month) (Day) (Year)
5. Jerry Johnson		Street: 612 BERRY ST City: SToughton Zip: 53589	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City SToughton	11/16/2011 (Month) (Day) (Year)
6. Katherine Yager		Street: 3945 Fish Hatchery Rd Apt 203 City: Madison Zip: 53713	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/16/2011 (Month) (Day) (Year)
7. Shaun Weaver		Street: 524 melody lane City: verona Zip: 53593	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City verona	11/16/2011 (Month) (Day) (Year)
8. FRANCISCO MUNOZ		Street: 1256 Highridge Trail City: Fitchburg Zip: 53719	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Fitchburg	11/16/2011 (Month) (Day) (Year)
9. JAMES HLADIK		Street: 3312 RIVER BLVD LN City: KNIBBLETON Zip: 53562	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MIDDLETON	11/16/2011 (Month) (Day) (Year)
10. Susan MILZ		Street: 5441 OLD MIDDLETON RD City: MADISON Zip: 53705	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MADISON	11/16/2011 (Month) (Day) (Year)

Certification of Circulator

I, Eileen Mason

(Name of Circulator)

(certify): I reside at

834 S. Gammon Rd #2

(Circulator's Residence - Street name and Number)

City of Madison

(Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11/16/2011
(Month) (Day) (Year)

(Signature of Circulator)

Page No. (Official Use Only)

1139

Circulators, p

Phone

Email

SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING	CON
1. Kim Ready	Kim Ready	Street: N9057 Hwy D City: New Glarus Zip: 53574	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City New Glarus	11/16/2011 (Month) (Day) (Year)	Email Phone ()
2. ASHLEY BRACKMAN	[Signature]	Street: 1601 Waldorf Blvd #207 City: MADISON Zip: 53719	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MADISON	11/16/2011 (Month) (Day) (Year)	Email Phone ()
3. Jeremy Schrab	[Signature]	Street: 10436 W. Harvard Dr City: Brooklyn Zip: 53521	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Evansville	11/16/2011 (Month) (Day) (Year)	Email Phone ()
4. Chris Mustacci	[Signature]	Street: 3402 KINGMAN LN City: Madison Zip: 53719	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/16/2011 (Month) (Day) (Year)	Email Phone ()
5. Breighna Larson	[Signature]	Street: 414 Humphill Ave City: Edgemoor Zip: 53524	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village Edgemoor <input type="checkbox"/> City	11/16/2011 (Month) (Day) (Year)	Email Phone ()
6. Jackson Edwards	[Signature]	Street: 1756 Spring Road City: Stoughton Zip: 53589	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Pleasant Springs	11/16/2011 (Month) (Day) (Year)	Email Phone ()
7. Peter Kelly	[Signature]	Street: 1920 Heath Ave City: Madison Zip: 53704	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/16/2011 (Month) (Day) (Year)	Email Phone ()
8. Nate Herndon	[Signature]	Street: 721 W. Meadow Ln. 53705 City: Madison Zip: WI	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/16/2011 (Month) (Day) (Year)	Email Phone ()
9. Joyce Clawson	[Signature]	Street: 753 Charles Ln City: Stoughton Zip: 53589	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Duvn	11/16/2011 (Month) (Day) (Year)	Email Phone ()
10. Laurelee Hueck	[Signature]	Street: 325 Castle Oaks Xing City: Waunakee WI Zip: 53597	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Waunakee	11/16/2011 (Month) (Day) (Year)	Email Phone ()

Certification of Circulator

I, Eileen Mason, (certify): I reside at 8345 Gammon Rd #2 City of MADISON
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11/16/2011
(Month) (Day) (Year)

[Signature]
(Signature of Circulator)

Page No. (Official Use Only)
1740

Circulators, pl
Phone
Email

SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
1. Debra Aspinwall	<i>[Signature]</i>	Street: 3026 Shefford Dr. City: Madison WI Zip: 53719	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/16/2011 (Month) (Day) (Year)
2. Rebecca Rogers	<i>[Signature]</i>	Street: 6200 Sylvan Ln City: Monona WI Zip: 53766	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Monona	11/16/2011 (Month) (Day) (Year)
3. Ryan Stuck	<i>[Signature]</i>	Street: 2273 Corinth Dr. City: Sun Prairie WI Zip: 53590	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Sun Prairie	11/16/2011 (Month) (Day) (Year)
4. JUNE M MELDER	<i>[Signature]</i>	Street: 7482 OLD SAUK RD City: MADISON WI Zip: 53717	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MADISON	11/16/2011 (Month) (Day) (Year)
5. Denise M Boehnen	<i>[Signature]</i>	Street: 3422 Sugar Maple Lane City: Verona WI Zip: 53593	<input checked="" type="checkbox"/> Town Middleton <input type="checkbox"/> Village <input type="checkbox"/> City	11/16/2011 (Month) (Day) (Year)
6. Ann G. Adams	<i>[Signature]</i>	Street: 841 N. High Point City: Madison WI Zip: 53717	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MADISON	11/16/2011 (Month) (Day) (Year)
7. Susan A. Ridel	<i>[Signature]</i>	Street: 22 Brale Circle City: Madison WI Zip: 53717	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City madison	11/16/2011 (Month) (Day) (Year)
8. Laine Stewart	<i>[Signature]</i>	Street: 726 Sauk Ridge Tr Apt A City: Madison WI Zip: 53705	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/16/2011 (Month) (Day) (Year)
9. Austyn Woodard	<i>[Signature]</i>	Street: 6801 Aldo Leopold Way City: Middleton WI Zip: 53562	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Middleton	11/16/2011 (Month) (Day) (Year)
10. Jin H. Cho	<i>[Signature]</i>	Street: 3422 Sunset Dr. City: Madison WI Zip: 53705	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village Shorewood <input type="checkbox"/> City Village	11/16/2011 (Month) (Day) (Year)

Certification of Circulator

I, ERINE E. MURPHY, (certify): I reside at 901 PEBBLE BEACH Dr CITY OF MADISON
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 16 / 2011
(Month) (Day) (Year)

[Signature]
(Signature of Circulator)

Page No. (Official Use Only)

1741

Circulators, p

Phone

Email

Ba

SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
1. Julie Preman	<i>Julie Preman</i>	Street: 1225 Indianwood Dr. City: Brookfield Zip: 53005	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Brookfield	11/16/2011 (Month) (Day) (Year)
2. TRACY MOATE	<i>Tracy Moate</i>	Street: 11320 Gould Drive City: Whitewater Zip: 53190	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Whitewater	11/16/2011 (Month) (Day) (Year)
3. Timothy Grantz	<i>Timothy Grantz</i>	Street: 2251 Meadow Ridge Dr. City: De Pere WI Zip: 54115	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City De Pere	11/16/2011 (Month) (Day) (Year)
4. Dean Vandeman	<i>Dean Vandeman</i>	Street: 2655 Jester Ln City: GB Zip: 54312	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City GB	11/16/2011 (Month) (Day) (Year)
5. Paul A. Sittenman	<i>Paul A. Sittenman</i>	Street: 575 PARK LANE City: MADISON Zip: WI	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MADISON	11/16/2011 (Month) (Day) (Year)
6. Kathleen DeHmann	<i>Kathleen DeHmann</i>	Street: 4809 Gordon Ave City: Monona WI Zip: 53716	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Monona	11/16/2011 (Month) (Day) (Year)
7. GREGG A. CRAME	<i>Gregg A. Crame</i>	Street: 6903 South Ave City: Middleton Zip: 53562	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Middleton	11/16/2011 (Month) (Day) (Year)
8. Sandra L Darlington	<i>Sandra L. Darlington</i>	Street: 6149 Black Cherry Ln City: Middleton WI Zip: 53562	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MIDDLETOWN	11/16/2011 (Month) (Day) (Year)
9. Herbert Charlan	<i>Herbert Charlan</i>	Street: 2717 McKenna Blvd. City: madison Zip: 53711	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City madison	11/16/2011 (Month) (Day) (Year)
10. Allen Thompson	<i>Allen Thompson</i>	Street: 3030 PATTY LN #8 City: middleton Zip: 53562	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City middleton	11/16/2011 (Month) (Day) (Year)

Certification of Circulator

I, ELAINE E. MURPHY, (certify): I reside at 901 PEBBLE BEACH DR CITY OF MADISON
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 16 / 2011
(Month) (Day) (Year)

Elaine E. Murphy
(Signature of Circulator)

Page No. (Official Use Only)

1742

Ret
Com
PO
Mac

CON

Email

Phone (414)

Email +1m

Phone (262)

Email

Phone (920)

Email

Phone (926)

Email

Phone (608)

Email

Phone (608)

Email

Phone (618)

Email

Phone ()

Email hch

Phone (608)

Email THT

Phone ()

Circulators, please

Phone

Email JF

SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
1. Brendan Gorman	<i>Brendan Gorman</i>	Street: 3710 Goodland Dr. City: Madison WI Zip: 53704	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/16/2011 (Month) (Day) (Year)
2. Basia Brady	<i>B. Brady</i>	Street: 812 Jenner St. City: Madison WI Zip: 53703	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MADISON	11/16/2011 (Month) (Day) (Year)
3. Cynthia Myers	<i>Cynthia Myers</i>	Street: 734 S. Common Rd #3 City: MADISON WI Zip: WI	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MADISON	11/16/2011 (Month) (Day) (Year)
4. Zachary Pennycook	<i>Zachary Pennycook</i>	Street: 6941 Chester Dr #D City: Madison WI Zip: 53719	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MADISON	11/16/2011 (Month) (Day) (Year)
5. Ruland Olson	<i>Ruland Olson</i>	Street: 10517 Co Rd A City: Mt. Horeb WI Zip: 53572	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City MT. HOREB	11/16/2011 (Month) (Day) (Year)
6. Juanita Wilson	<i>Juanita Wilson</i>	Street: 234 Randolph Dr Apt 315D City: Madison, WI Zip: 53717	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/16/2011 (Month) (Day) (Year)
7. Julie Kotschevar	<i>Julie Kotschevar</i>	Street: 6302 Sleepy Hollow Circle City: Middleton WI Zip: 53562	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Middleton	11/16/2011 (Month) (Day) (Year)
8. Barbara Esser	<i>Barbara Esser</i>	Street: 9715 Sawhill Rd City: Middleton WI Zip: 53562	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/16/2011 (Month) (Day) (Year)
9. Denise Gorman	<i>Denise Gorman</i>	Street: 11 Byars Circle City: Madison WI Zip: 53719	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MADISON	11/16/2011 (Month) (Day) (Year)
10. Betty Bormett	<i>Betty Bormett</i>	Street: 2 Eastbourne Cir. City: Madison WI Zip: 53717	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MADISON	11/16/2011 (Month) (Day) (Year)

Certification of Circulator

I, ELAINE E. MURPHY, (certify): I reside at 901 PEBBLE BEACH DR CITY OF MADISON
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11/16/2011
(Month) (Day) (Year)

Elaine E. Murphy
(Signature of Circulator)

Page No. (Official Use Only)

1743

Circulators, please

Phone

Email

Ba

SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
1. PAUL KOLLER	<i>Paul Koller</i>	Street: 104 HENRY STREET City: MT. HOREB, WI Zip: 53572	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village MT. HOREB <input type="checkbox"/> City	11/16/2011 (Month) (Day) (Year)
2. NORBERT LOVATA	<i>Norbert Lovata</i>	Street: 2717 WHITLOCK RD City: MADISON WI Zip: 53719	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MADISON	11/14/2011 (Month) (Day) (Year)
3. Jennifer Belz	<i>Jennifer Belz</i>	Street: 7781 Elmwood K #3H City: Middleton WI Zip: 53562	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Middleton	11/16/2011 (Month) (Day) (Year)
4. Judith Larkin	<i>Judith E Larkin</i>	Street: 911 Saddle Ridge City: Portage WI Zip: 53901	<input checked="" type="checkbox"/> Town PACIFIC <input type="checkbox"/> Village <input type="checkbox"/> City 11/16/2011	11/16/2011 (Month) (Day) (Year)
5. Paula Moser	<i>Paula Moser</i>	Street: 6621 Franklin Ave City: Middleton WI Zip: 53562	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Middleton	11/16/2011 (Month) (Day) (Year)
6. WARREN CROWELL	<i>Warren Crowell</i>	Street: 147 W. Wilson St #101 City: MADISON, WI Zip: 53703	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MADISON	11/16/2011 (Month) (Day) (Year)
7. CLAUDIA MISKA	<i>Claudia F. Miska</i>	Street: 6413 Mendota Ave City: Middleton WI Zip: 53562	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City M. dleton	11/16/2011 (Month) (Day) (Year)
8. Cynthia M. Carmel	<i>Cynthia M Carmel</i>	Street: 6913 Brockdale Dr City: Middleton WI Zip: 53562	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Middleton	11/16/2011 (Month) (Day) (Year)
9. Leigh Arora	<i>Leigh Arora</i>	Street: 6713 Colony Dr City: Madison WI Zip: 53712	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/16/2011 (Month) (Day) (Year)
10. Claudia Prunuska	<i>Claudia Prunuska</i>	Street: 8 Oak Grove Dr. City: Madison WI Zip: 53711	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/16/2011 (Month) (Day) (Year)

Certification of Circulator

I, E LAINE E. MURPHY, (certify): I reside at 901 PEBBLE BEACH DR MADISON CITY OF MADISON
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 16 / 2011
(Month) (Day) (Year)

Elaune E. Murphy
(Signature of Circulator)

Page No. (Official Use Only)
1744

Retu
Com
PO
Mad

CON
Email Paul Koller
Phone (206)
Email
Phone
Email Jennifer Belz
Phone 88878
Email
Phone
Email
Phone
Email C. Crowell
Phone (608)
Email
Phone
Email
Phone
Email
Phone
Email
Phone

Circulators, please

Phone
Email
Ba

SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
1. Shirley Maurice	<i>Shirley Maurice</i>	Street: 325 Westridge Dr City: VERONA WI Zip: 53593	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City VERONA	11/15/2011 (Month) (Day) (Year)
2. Justin Nolen	<i>J Nolen</i>	Street: 106 Richard Circle City: Verona, WI Zip: 53593	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Verona	11/15/2011 (Month) (Day) (Year)
3. Tammy Grace	<i>Tammy Grace</i>	Street: 843 Questa Ridge Tr. City: Verona, WI Zip: 53593	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Verona	11/15/2011 (Month) (Day) (Year)
4. Catherine Isenberg	<i>Catherine Isenberg</i>	Street: 448 Arthur St. City: Verona, WI Zip: 53593	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Verona	11/15/2011 (Month) (Day) (Year)
5. Katherine Dalbey	<i>Katherine Dalbey</i>	Street: 8904 County Rd G City: Mt. Horeb, WI Zip: 53572	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Primrose	11/15/2011 (Month) (Day) (Year)
6. Dmitriy Kharin	<i>Koff</i>	Street: 302 Prairie Heights City: VERONA Zip: 53593	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City VERONA	11/15/2011 (Month) (Day) (Year)
7. MITCHELL LHERAULT	<i>Mitchell Lherault</i>	Street: 420 S. MAIN ST. City: VERONA WI Zip: 53593	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City VERONA	11/15/2011 (Month) (Day) (Year)
8. William Dunn	<i>William Dunn</i>	Street: 501 Basswood Ave City: Verona WI Zip: 53593	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Verona	11/15/2011 (Month) (Day) (Year)
9. Hugh Hauser	<i>Hugh Hauser</i>	Street: 113 Edward St City: Verona WI Zip: 53593	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Verona	11/15/2011 (Month) (Day) (Year)
10. Janeen Riese	<i>Janeen M. Riese</i>	Street: W420 Hwy 92 City: Brooklyn, WI Zip: 53521	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Brooklyn	11/15/2011 (Month) (Day) (Year)

Certification of Circulator

I, Diane Mandell, (certify): I reside at 664 Grace St City of Verona
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 16 / 2011
(Month) (Day) (Year)

Diane Mandell
(Signature of Circulator)

Page No. (Official Use Only)

1745

Retu
Com
PO B
Madr

CONT

Email sewga
Phone ()

Email Nol. jus
Phone ()

Email tammye
Phone ()

Email catie.i
Phone (608)

Email Katedal
Phone (608)

Email mita
Phone (608)

Email billand
Phone (608)

Email Janeen
Phone (608)

Circulators, please

Phone ()

Email ()

Batch

SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
1. Karen Ward		Street: 335 Military Ridge Dr City: Verona WI Zip: 53593	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Verona	11/15/2011 (Month) (Day) (Year)
2. Sara Lynkiewicz		Street: 302 Prairie Heights Dr #201 City: Verona WI Zip: 53593	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Verona	11/15/2011 (Month) (Day) (Year)
3. JOSHUA GRAVES		Street: 130 RIVER ST. City: BELLEVILLE, WI Zip: 53508	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City BELLEVILLE	11/15/2011 (Month) (Day) (Year)
4. Marsha LaCount		Street: 100 Berkley Rd #5 City: Verona, WI Zip: 53593	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Verona	11/15/2011 (Month) (Day) (Year)
5. Cheryl Waller		Street: 1012 Hillside Cir City: Verona, WI Zip: 53593	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Verona	11/15/2011 (Month) (Day) (Year)
6. Chris Blessing		Street: 409 Military Ridge Dr City: Verona, WI Zip: 53593	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Verona	11/15/2011 (Month) (Day) (Year)
7. Jackie Olson		Street: 120 N. Main St. #1 City: Verona WI Zip: 53593	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Verona	11/15/2011 (Month) (Day) (Year)
8. David Damsgard		Street: 102 Paul St #4 City: Verona WI Zip: 53593	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Verona	11/15/2011 (Month) (Day) (Year)
9. Jessica Johnson		Street: 1126 Enterprise Dr. City: Verona Zip: 53593	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Verona	11/15/2011 (Month) (Day) (Year)
10. JAMES HUNTOON		Street: 804 COUNTY RD. D City: BROOKLYN Zip: 53521	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City OREGON	11/15/2011 (Month) (Day) (Year)

Certification of Circulator

I, Diane Mandell, (certify): I reside at 664 Grace St City of Verona
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11/16/2011
(Month) (Day) (Year)

(Signature of Circulator)

Page No. (Official Use Only)

1746

Circulators,

Phone

Email

SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
1. Diane Wiegel	<i>Diane Wiegel</i>	Street: 2214 Seminole Hwy City: madison Zip: 53711	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
2. Craig Farrey	<i>Craig Farrey</i>	Street: 2214 Seminole Hwy City: Madison Zip: 53711	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
3. Callie Farrey	<i>Callie Farrey</i>	Street: 2214 Seminole Hwy City: Madison Zip: 53711	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)
4. Raxy Kerkenbusch	<i>Raxy Kerkenbusch</i>	Street: 613 Mahogany Way City: Verona Zip: 53598	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Verona	11/15/2011 (Month) (Day) (Year)
5. David Krueger	<i>David Krueger</i>	Street: 527 S. Main St. City: Poynette WI Zip: 53955	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village Poynette <input type="checkbox"/> City	11/15/2011 (Month) (Day) (Year)
6. Karen Millholland	<i>Karen Millholland</i>	Street: 432 S. Arthur Cir. City: Verona Zip: 53593 WI	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Verona	11/15/2011 (Month) (Day) (Year)
7. Robert Millholland	<i>Robert Millholland</i>	Street: 432 S ARTHUR CIR City: VERONA Zip: 53593	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City VERONA	11/15/2011 (Month) (Day) (Year)
8. Lis A.J. Olson	<i>Lis Olson</i>	Street: 1747 Bringold Dr. City: Verona, WI Zip: 53593	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Verona	11/15/2011 (Month) (Day) (Year)
9. Susan S. Burke	<i>Susan S Burke</i>	Street: 2138 Vintage Drive City: Oregon Zip: 53575	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Fitchburg	11/15/2011 (Month) (Day) (Year)
10. Shane L. West	<i>Shane L West</i>	Street: 443 Ineichen Dr City: Verona WI Zip: 53593	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Verona	11/15/2011 (Month) (Day) (Year)

Certification of Circulator

I, Diane Mandell, (certify): I reside at 664 Grace St City of Verona
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11, 16 120 11
(Month) (Day) (Year)

Diane Mandell
(Signature of Circulator)

Page No. (Official Use Only)

1747

Circulators,

Phone

Email

SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING	
1. Vanessa Meyer	<i>[Signature]</i>	Street: 205 Industrial Dr. #23 City: Verona Zip: 53593	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Verona	11/15/2011 (Month) (Day) (Year)	Email: <i>[Blank]</i> Phone: (608) <i>[Blank]</i>
2. Sarah Wynn	<i>[Signature]</i>	Street: 9324 Old Saw Rd. City: Middleton Zip: 53562	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)	Email: <i>[Blank]</i> Phone: () <i>[Blank]</i>
3. ANGELYN GARRISON	<i>[Signature]</i>	Street: 3656 SEQUOIA TR City: VERONA, WI Zip: 53593	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City MIDDLETON	11/15/2011 (Month) (Day) (Year)	Email: <i>[Blank]</i> Phone: (608) <i>[Blank]</i>
4. Robert LaCount	<i>[Signature]</i>	Street: 100 berkley Rd #5 City: Verona, WI Zip: 53593	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Verona	11/15/2011 (Month) (Day) (Year)	Email: <i>[Blank]</i> Phone: () <i>[Blank]</i>
5. Thomas R WALLER	<i>[Signature]</i>	Street: 1012 Hillside circle City: Verona, WI Zip: 53593	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Verona	11/15/2011 (Month) (Day) (Year)	Email: <i>[Blank]</i> Phone: (608) <i>[Blank]</i>
6. Brenda Blessing	<i>[Signature]</i>	Street: 409 Military Ridge Dr. City: Verona, WI Zip: 53593	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Verona	11/15/2011 (Month) (Day) (Year)	Email: <i>[Blank]</i> Phone: (608) <i>[Blank]</i>
7. Jean M. Rospel	<i>[Signature]</i>	Street: 560 S Hillcrest Dr City: Verona WI Zip: 53593	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Verona	11/15/2011 (Month) (Day) (Year)	Email: <i>[Blank]</i> Phone: (608) <i>[Blank]</i>
8. Sara L'Herault	<i>[Signature]</i>	Street: 420 S. Main St. City: Verona WI Zip: 53593	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Verona	11/15/2011 (Month) (Day) (Year)	Email: <i>[Blank]</i> Phone: (608) <i>[Blank]</i>
9. Rhonda James	<i>[Signature]</i>	Street: 3833 Dolphin Dr City: Madison Zip: 53719	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)	Email: <i>[Blank]</i> Phone: (608) <i>[Blank]</i>
10. David Landre	<i>[Signature]</i>	Street: 1315 C.A. TG City: Mount Horeb Zip: 53572	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Perry	11/15/2011 (Month) (Day) (Year)	Email: <i>[Blank]</i> Phone: (608) <i>[Blank]</i>

Certification of Circulator

I, Diane Mandell, (certify): I reside at 664 Grace St City of Verona
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11/16 12011
(Month) (Day) (Year)

Diane Mandell
(Signature of Circulator)

Page No. (Official Use Only)

1748

Circulators

Phone

Email

SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING	
1. Patricia Knoche	<i>Patricia Knoche</i>	Street: 637 S. Segoe Rd City: Madison Zip: 53711	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Madison	11/15/2011 (Month) (Day) (Year)	Email Phone (608)
2. Albert M. Swain	<i>Albert M. Swain</i>	Street: 206 S. Marietta St. Apt. 217 City: Verona WI Zip: 53593	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Verona	11/15/2011 (Month) (Day) (Year)	Email Phone (608)
3. Astrid Swain	<i>Astrid Swain</i>	Street: 206 S. Marietta St. Apt. 217 City: Verona WI Zip: 53593	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Verona	11/15/2011 (Month) (Day) (Year)	Email Phone (608)
4. Joyce Freisinger	<i>Joyce Freisinger</i>	Street: 265 S. Franklin St City: Verona Zip: 53593	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Verona	11/15/2011 (Month) (Day) (Year)	Email Phone (608)
5. Amy Fowler	<i>Amy Fowler</i>	Street: 574 S. Hillcrest Dr. City: Verona Zip: 53593	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Verona	11/15/2011 (Month) (Day) (Year)	Email Phone (608)
6. John K. Miliunas	<i>John K. Miliunas</i>	Street: 120 N. Main St. #1 City: VERONA WI Zip: 53593	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City VERONA	11/15/2011 (Month) (Day) (Year)	Email Phone (608)
7. Terry J Durrer	<i>Terry J Durrer</i>	Street: 303 S. Main St City: Verona Zip: 53593	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City VERONA	11/15/2011 (Month) (Day) (Year)	Email Phone (608)
8. Floyd C. May	<i>Floyd C. May</i>	Street: 105 N. Jefferson St. City: Verona WI Zip: 53593	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Verona	11/15/2011 (Month) (Day) (Year)	Email Phone (608)
9.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1/20 (Month) (Day) (Year)	Email Phone (608)
10.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1/20 (Month) (Day) (Year)	Email Phone (608)

Certification of Circulator

I, Diane Mandell, (certify): I reside at 464 Grace St City of Verona
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11/16/2011
(Month) (Day) (Year)

Diane Mandell
(Signature of Circulator)

Page No. (Official Use Only)

1749

Circulators

Phone

Email

SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
1. Gretchen Waschbusch	<i>Gretchen Waschbusch</i>	Street: 338 Glacier Ridge Trail City: Verona Zip: 53593	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Verona	11 / 15 / 2011 (Month) (Day) (Year)
2. Lee Olson	<i>Lee Olson</i>	Street: 611 E Hillcrest Dr. City: Verona Zip: 53593	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Verona	11 / 15 / 2011 (Month) (Day) (Year)
3. Kathleen Olson	<i>Kathleen Olson</i>	Street: 611 E. Hillcrest Dr. City: Verona Zip: 53593	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Verona	11 / 15 / 2011 (Month) (Day) (Year)
4. Erika Hotchkiss	<i>Erika Hotchkiss</i>	Street: 206 South XX Jefferson City: Verona WI Zip: 53593	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Verona	11 / 15 / 2011 (Month) (Day) (Year)
5. Teresa Voss	<i>Teresa Voss</i>	Street: 558 Enterprise Dr. City: Verona, WI Zip: 53593	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Verona	11 / 15 / 2011 (Month) (Day) (Year)
6. LAWRENCE HAFNER	<i>L. Matthew Hafner</i>	Street: 633 Ethan Ter. City: Verona, WI Zip: 53593	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City VERONA	11 / 15 / 2011 (Month) (Day) (Year)
7. Mark Isenberg	<i>Mark Isenberg</i>	Street: 648 Arthur St City: Verona Zip: 53593	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Verona	11 / 15 / 2011 (Month) (Day) (Year)
8. Ingrid Azizicovi Brown	<i>Ingrid A. Brown</i>	Street: 611 Whalen Rd. City: Verona, WI Zip: 53593	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Verona	11 / 15 / 2011 (Month) (Day) (Year)
9. Christopher V Brown	<i>Christopher V Brown</i>	Street: 611 Whalen Rd City: Verona Zip: 53593	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Verona	11 / 15 / 2011 (Month) (Day) (Year)
10. Sarah Bowman	<i>Sarah Bowman</i>	Street: 112 N Jefferson St City: Verona Zip: 53593	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Verona	11 / 15 / 2011 (Month) (Day) (Year)

Certification of Circulator

I, Diane Mandell (Name of Circulator), (certify): I reside at 464 Grace St (Circulator's Residence - Street name and Number) City of Verona (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 16 / 2011
(Month) (Day) (Year)

Diane Mandell
(Signature of Circulator)

Page No. (Official Use Only)
1750

Circulators, pl
Phone
Email